

**APPLICATION FOR TUITION ASSISTANCE**  
**NAVMC 10883 (REV. 6-97) (EF) (PREVIOUS EDITIONS WILL NOT BE USED.)**  
**SN: 0109-LF-069-0000**

<b>Instructions: Complete and submit form to Navy Campus or Marine Corps Education Center prior to beginning of course. Please print.</b>								
SSN :		NAME:		FIRST			MI	
BRANCH OF SERVICE <b>US NAVY</b>		PAYGRADE		MOS/RATE/RANK/DESIGNATOR			SEX	
DATE OF BIRTH (YYMMDD)		ACTIVE DUTY SERVICE DATE (YY/MM/DD)			END ACTIVE OBLIGATED SERVICE (YY/MM/DD)			
GI BILL ENROLLED IN:    1. Vietnam Era <input type="checkbox"/> 2. VEAP <input type="checkbox"/> 3. MGB <input type="checkbox"/> 4. EATP <input type="checkbox"/> 5. NONE <input type="checkbox"/>								
WORK PHONE: <b>DSN</b>		UIC: (NAVY) (5 DIGITS)			RUC/MCC: (MARINE CORPS) (8 DIGITS)			
<b>COURSE LOCATION</b>								
1. ON-BASE <input type="checkbox"/> 2. OFF-BASE <input type="checkbox"/> 3. DISTANCE LEARNING (I.E., INDEPENDENT STUDY, VIDEO, TV, COMPUTER) <input type="checkbox"/>								
YEARS OF EDUCATION   _____								
<b>IMMEDIATE EDUCATION GOAL</b>								
1. HS DIPLOMA <input type="checkbox"/> 2. VOCATIONAL- TECHNICAL <input type="checkbox"/> 3. ASSOCIATE <input type="checkbox"/> 4. BACHELORS <input type="checkbox"/>								
5. MASTERS <input type="checkbox"/> 6. DOCTORATE <input type="checkbox"/> 7. PROFESSIONAL (I.E, MD, JD, DDS) <input type="checkbox"/>								
WILL YOU GRADUATE AFTER THIS TERM?                    YES <input type="checkbox"/> NO <input type="checkbox"/>								
SCHOOL:				DO YOU HAVE A SOCNAV/SOCMAR AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
TERM START DATE: YY/MM/DD   _____				TERM COMPLETION DATE: YY/MM/DD   _____				
<b>COURSE INFORMATION</b>								
<b>Course level:</b> H = High School   D = Developmental/Prep   V = Vocational/Technical   L = Lower (Freshman/Sophomore) U = Upper (Junior/Senior)   G = Graduate <b>Type of Credits/Hours:</b> S = Semester   Q = Quarter   C = Clock   K = Carnegie (High School)								
COURSE DEPT/ NUMBER		COURSE TITLE		COURSE LEVEL (CODES ABOVE)	NUMBER OF CREDITS/HOURS	TYPE OF CREDITS/HOURS	COST PER CREDIT/HOUR	TOTAL COURSE COST
I request TA with the understanding that I will pay all costs over and above the amount authorized. <b>BY MY SIGNATURE I CERTIFY I HAVE READ, UNDERSTAND AND WILL COMPLY WITH ALL OF THE GOVERNING VOLUNTARY EDUCATION INSTRUCTIONS AND THE PROVISIONS ON BACK OF THIS FORM.</b>								
APPLICANT'S SIGNATURE						DATE		
COMMAND (PRINT) <b>U.S. Naval Dental Center Europe</b>								
COMPLETE ADDRESS <b>PSC 810 BOX 21, FPO AE 09619-0800</b>								
FAX NUMBER		DSN:		COM:				
<b>APPLICANT'S COMMANDING OFFICER, EXECUTIVE OFFICER, OR OFFICER IN CHARGE:</b> The applicant's present or anticipated military duties will permit him/her to attend and complete the course(s).								
DATE:		TYPED OR PRINTED NAME OF COMMANDING OFFICER				SIGNATURE OF COMMANDING OFFICER		

### PRIVACY ACT STATEMENT

Under authority of 5 USC 301 personal data is requested. Your SSN will be used for identification. This information will be included in your Education Record retained by the Education Center. It will not be divulged without your written consent to anyone other than Navy/Marine Corps/school personnel involved with TA. You are not required to provide this information; however, failure to do so will result in not being considered for TA.

### AGREEMENT

A. I understand acceptance of TA obligates me to the following:

1. To pay the remainder of tuition cost plus all other costs such as but not limited to textbooks.
  2. To submit this application to my servicing Navy Campus or Marine Corps Education Center **prior to beginning of course**. For Navy members, TA will not be authorized after the school's late registration deadline.
  3. To personally deliver or mail my TA Authorization Form to the school **during registration**. **If I register for courses prior to receiving a TA Authorization Form, I am liable for the full amount of tuition.**
  4. **To notify the Naval Education and Training Professional Development and Technology Center (NETPDTC)\* and the Education Center in writing if I do not enroll in any or all course(s) on this form or if I withdraw before the school's "drop/add" date.**
  5. To notify NETPDTC\* and the Education Center in writing if I enroll in a different course than the one on this form. I can change a course title on the TA Authorization Form only if there is no tuition increase. The new course must apply toward my education goal.
  6. To **reimburse**, via money order or cashier's check payable to U.S. Treasury and mailed to NETPDTC\*, the tuition paid on my behalf if I:
    - a. **voluntarily withdraw from a course after the "drop/add" date.**
    - b. **receive a failing grade.**
    - c. **fail to clear an incomplete (I) grade within 6 months of course completion date.**
  7. To provide NETPDTC\*, in the case of an involuntary course withdrawal, a letter from my commanding officer confirming withdrawal was due to hospitalization, PCS, TAD, documented emergency leave or change in military duties or assignment. Reimbursement may be waived if I officially withdrew based on one of these circumstances.
  8. To authorize the school I attend to forward a grade report to NETPDTC\*. If my school fails to do so, I will be notified by NETPDTC. It then becomes my responsibility to forward my grade to NETPDTC\*. **Ultimate responsibility to provide grades to NETPDTC rests with the service member.**
- B. I understand the school's failure to provide a grade report or my failure to respond as outlined in paragraphs 1 through 7 will lead to formal resolution/collection efforts such as a letter of indebtedness to my commanding officer and possible pay checkage.
- C. I understand I am not entitled to use TA if my grade point average for TA-funded courses falls below a "C" for undergraduate or a "B" for graduate courses.
- D. I understand I am not entitled to use TA if receiving other federal financial aid for the same course(s) which results in a duplication of benefits from the U.S. Treasury. I will not apply for/receive VA educational assistance for course(s) on this form.
- E. If a Navy Member, I understand I must obtain a Degree Plan or SOCNAV Agreement by the time I have 5 TA-funded courses; only courses required for the degree will be approved for TA.

### COMMISSIONED OFFICERS

I agree, in accordance with 10 USC 2007, to remain on active duty for two (2) years after completing the course(s) on this form. This obligation runs concurrently with any remaining obligated service time. This agreement does not obligate the military service to retain me on active duty. If allowed to voluntarily resign before two year obligation is served, I will repay the government a portion of TA expended on my behalf during my first two years of active duty in accordance with 10 USC 2005. Reimbursement of TA does not negate the obligation.

NOTE: All correspondence to NETPDTC should include:

\*COMMANDING OFFICER  
NETPDTC N8115  
6490 SAUFLEY FIELD ROAD  
PENSACOLA, FL 32509-5241

- a. Your full name
- b. Your social security number
- c. Name of school and course(s)
- d. Term dates involved
- e. TA document number